

SEP 02 2005

OYEN WIGGS GREEN & MUTALA LLP
INTELLECTUAL PROPERTY LAWYERS

Registered Patent & Trademark Agents

480--The Station, 601 West Cordova Street
Vancouver, British Columbia, Canada V6B 1G1
Tel: 604.669.3432
Fax: 604.681.4081
www.patentable.com
mail@patentable.com

Gerald O. S. Oyen*	Blake R. Wiggs*
Bruce M. Green*	Catherine D. Mutala*
David J. McGruder*	Thomas W. Bailey*
Gavin N. Manning*	George F. Kondor
Hilton W. C. Sue	Craig A. Ash
Richard A. Johnson	Todd A. Rathray
Grace S. Law	Mark A. Hopkinson
David H. Takagawa	
* Law Corporation	

Att. Docket No.: K201 0015

2 September 2005

FAX TRANSMITTAL SHEETTo: Commissioner for Patents
Washington, D.C.
20231

Re: Amendment

Inventor(s): KOESSLER, Juergen
Title: **ADJUSTABLE VENT**
Serial No.: 10/815,745
Filed: 2 April 2004Fax: 571 - 273 - 8300
From: Gavin N. ManningRECEIVED
OIPE/IAP

SEP 06 2005

NO. OF PAGES INCLUDING THIS TRANSMITTAL SHEET: 23

ENCLOSURES:

TRANSMITTAL FORM (PTO/SB/21)	- 1 PAGE
FEE TRANSMITTAL (PTO/SB/17)	- 1 PAGE
RESPONSE TO OFFICE ACTION MAILED 2 JUNE 2005	- 20 PAGES

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☐ will follow by courier
☒ will NOT follow

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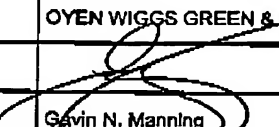
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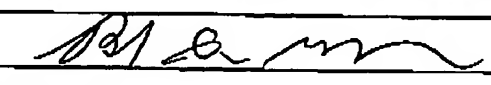
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/815,745	
	Filing Date	2 April 2004	
	First Named Inventor	KOESSLER, Juergen	
	Art Unit	3749	
	Examiner Name	JOYCE, Harold	
Total Number of Pages in This Submission	21	Attorney Docket Number	K201 0015

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	OYEN WIGGS GREEN & MUTALA LLP		
Signature			
Printed name	Gavin N. Manning		
Date	2 September 2005	Reg. No.	36,412

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Brad D. Sherbuck	Date 2 September 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 07/31/2008. OMB 0851-0042
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

SEP 02 2005

11 P R 1995

Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500

Complete if Known

Application Number 10/815,745
Filing Date 2 April 2004
First Named Inventor KOESSLER, Juergen
Examiner Name JOYCE, Harold
Art Unit 3749
Attorney Docket No. K201 0015

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-1037 Deposit Account Name: Oyen Wiggs Green & Mutala
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
39 - 20 or HP = (HP=39) x		0
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
9 - 3 or HP = (HP=4)=5 x		500
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature _____ Registration No. 36,412 Telephone 604-669-3432
Name (Print/Type) Gavin N. MANNING Date 2 September 2005

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